



6th Annual Housing Institute
“MOVING FORWARD TOGETHER...”
Finding Collaborative Solutions In Permanent Housing

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HOW TO DOCUMENT & CLAIM FOR HOUSING SERVICES

Dr. Lori Dobbs, PsyD
Program Support Bureau
Quality Assurance Division



IMPORTANCE OF QUALITY DOCUMENTATION

- Supports quality of care by:
 - Keeping services focused on client goals
 - Coordinating client care within and between service providers
- Supports financial needs of clients by demonstrating initial and continuing eligibility for benefits
- Supports revenue generation by:
 - Documenting to Medi-Cal/Medicare requirements
 - Providing audit protection
- Supports the Department when ethical/legal issues arise around service delivery (Risk Management)



THE CLINICAL LOOP

- The “Clinical Loop” is the sequence of documentation that supports the demonstration of ongoing medical necessity and ensures all provided services are Medi-Cal reimbursable
- **Making sure everything is linked to the Diagnosis--- from the Assessment to the CCCP to the Progress Notes**

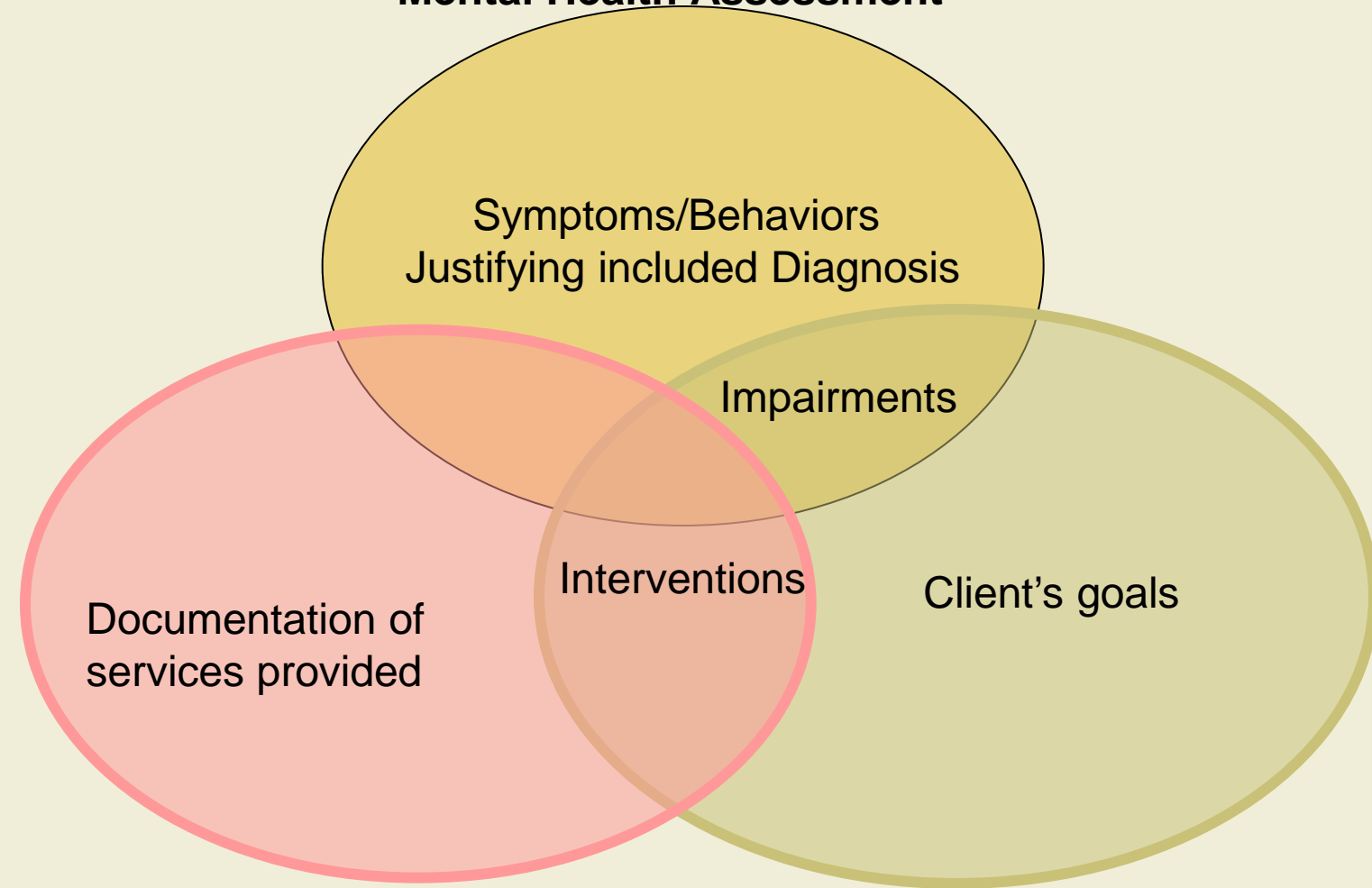


THE CLINICAL LOOP

- Step One - Completion of a Mental Health Assessment including:
 - Symptoms/Behaviors leading to Included Diagnosis
 - Impairments, Needs, and Strengths
- Step Two - Carry forward into the Client Care Coordination Plan (CCCP) and document:
 - Goals linked to Symptoms/Behaviors
 - Interventions to effect impairments
- Step Three - Carry forward into the Progress Note which documents:
 - Goal-based interventions provided to client

CLINICAL LOOP

Mental Health Assessment



Progress Notes


CCCP

TARGETED CASE MANAGEMENT-DEFINITION




- **Definition:** Services needed to access medical, educational, social, pre-vocational, vocational, rehabilitative, or other community services.
 - These services provide for the continuity of care within the mental health system and between the mental health system and related social service systems.
- **Code: T1017**
- **Claimable Activities to the extent they are related to functional impairments identified in the Assessment and articulated as goals on the CCCP:**
 - Communication
 - Coordination
 - Referrals
 - Placement
 - Monitoring service delivery to ensure client's access
 - Monitoring/evaluating client's progress toward TCM goals
 - Plan development specific to TCM

TARGETED CASE MANAGEMENT: LINKAGE & CONSULTATION

Code: T1017

-  **Claimable Activities** to the extent they are related to functional impairments identified in the Assessment and must be linked to goals on the CCCP:

Linkage and Consultation - The identification and pursuit of resources including, but not limited to, the following:

-  **Interagency and intra-agency consultation, communication, coordination, and referral**
-  **Monitoring service delivery to ensure a client's access to service and the service delivery system**
-  **Monitoring of the client's progress**

Plan Development – is defined as a service activity which consist of development of Client Care/Coordination Plans, approval of client plans and/or monitoring of a client's progress










TARGETED CASE MANAGEMENT- PLACEMENT

Code: T1017

-  **Placement Services must be articulated as goals on the CCCP:**

Placement Services – Supportive assistance to the client in the assessment, determination of need and securing of adequate and appropriate living arrangements, including, but not limited to the following:

-  **Monitoring of the client's progress**
-  **Locating and securing an appropriate living environment**
-  **Locating and securing funding**
-  **Pre-placement visit(s)**
-  **Negotiation of housing or placement contracts**
-  **Placement and placement follow-up**
-  **Accessing services necessary to secure placement**

PLAN DEVELOPMENT




■ Types of Plan Development:

- Plan development activities often occur in the context of a client/collateral contact with the time required to write up the Plan included as part of documentation time for that contact/Procedure Code
- When plan development occurs in the context of a team conference or consultation where the service provided is directed towards staff or other agencies instead of the client/collateral(s), it should be claimed as:
 - **Team Conference/Case Consultation- H0032**
- When plan development activities are a stand alone service and cannot be included as part of another service provided, it should be claimed as:
 - **H2010**
- When plan development occurs in the context of targeted case management, i.e. linking client to needed community resources, it should be claimed as:
 - **Targeted Case Management- T1017**
- When plan development occurs in the context of medication support services, i.e. plans regarding a client's medications, it should be claimed as:
 - **Medication Support Service**



TARGETED CASE MANAGEMENT (TCM)

Points to Remember:

-  Linkage and referral activities must be related to functional impairments identified in the Assessment and the CCCP
-  Transporting a client implies staff is simply providing transportation which is not a TCM claimable activity
-  Related TCM activities provided by the same Rendering Provider within a day, such as several phone calls to locate an appropriate placement for a client, may be combined into a single note and submitted as one claim



TARGETED CASE MANAGEMENT (TCM)

■ **Example of Reimbursable Services:**

- Following up with client or the provider about the outcome of a referral
- Making a referral or calling providers of needed services to determine availability
- Assisting clients to understand the requirements of participation in a program in order to make appropriate linkages
- Coordinating with a service provider to help client to maintain a service
- Developing strategies with client for accessing Senior Center activities
- Assisting a client with the completion of forms related to seeking services



MENTAL HEALTH SERVICES

Individual Rehabilitation

■ **Definition:** Service to provide assistance in improving, maintaining, or restoring the client's:

- Functional skills
- Daily living skills
- Social & leisure skills
- Meal preparation skills
- Grooming & personal hygiene skills
- Support resources

■ **Code: H2015.**

■ **Points to Remember:**

- Rehabilitation involves working **WITH** a client to overcome impairments blocking the building of skills; it is **NOT** teaching a skill or performing functions for a client
- The contact could include family or other collaterals and/or significant support persons
- Working with a client to develop skills that maintain and/or restore optimal functioning
- Providing education/training to assist the client achieve his/her personal goals in such areas as daily living skills, socializations, mood stabilization, resources utilization, and medication compliance
- Assistance to assess housing needs and to obtain and maintain a satisfactory living arrangement



MENTAL HEALTH SERVICE

Group Rehabilitation

- **Definition:** Service delivered to more than one client at the same time to provide assistance in improving, maintaining, or restoring his/her support resources or his/her functional skills – daily living, social and leisure, grooming and processional hygiene, or meal preparation.
- **Code: H2015**
- **Points of Remember:**
 - Licensed staff should use this code any time they are delivering group rehabilitation services
 - When licensed and unlicensed staff co-lead a group , this code must be used.
 - This code could be used for a didactic substance abuse education group, ADL, or any other educational group in which there is not a therapeutic, inter-personal interaction.



MENTAL HEALTH SERVICES

Collateral

■ **Definition:** Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, (age eighteen (18) and above) advising them on how to assist the client, obtaining information from collaterals regarding the client

■ **Code: 90887**

■ **Points to Remember:**

- Contacts are not necessarily face-to-face
- Client may or may not be present
- Service must be a direct benefit to the client and not the collateral



MENTAL HEALTH SERVICES

Collateral vs. Team Conf/Case Consult

■ **The distinction is in who the service is directed toward, but its always for the benefit of the client:**

- **Collateral** services involve interactions with persons such as a parent, foster parent, spouse, partner, legal guardian, non-paid conservator
- **Team Conference/Case Consultation** involves interactions with intra-agency or inter-agency mental health treatment team members, non-mental health agency staff, school teachers, board and care operators, paid conservators



MENTAL HEALTH SERVICES

Team Conference/Case Consultation

- **Definition:** Interdisciplinary inter/intra-agency conferences to coordinate activities of client care. Client may or may not be present and it must be about plan development. Note: *Consultants are being paid to be in the client's life.*
- **Codes: HOO32**
- **Points to Remember:**
 - Supervision time is not reimbursable
 - The time of the conference determines the code
 - Claim only the actual time a staff person contributed to the conference (listening and learning are not included) and any other time a staff person spent related to the conference, such as travel or documentation.
 - **If the client is present and involved in the plan development, there is must be face-to-face time associated with the plan development claim.**
 - **The threshold for most programs is 180 minutes per client/per quarter if there is no face-to-face contact. Some specialized programs have requested and received approval for a threshold of 360 minutes.**

**REIMBURSABLE
&
NON-REIMBURSABLE
SERVICES**



REIMBURSABLE SERVICES

- **Assists with completion of applications for rental subsidies such as Section 8 and Shelter Plus Care, housing programs or private rental agreements (H2015 use as a Indv. Rehab.)**
- **Make sure the impairments are documented in the Assessment, CCCP-intervention, and Progress Note to support the client's DX/ impairment which is hindering them from completing the forms)**
- **Assists clients with accessing and maintaining housing resources. (H2015)**
- **Treatment team member with expertise in housing issues. (H0032)**



REIMBURSABLE SERVICES

- **Accompanies/transport**s the consumer to all **necessary related appointments as requested** (H2015 Must link to DX and/or mental status – for example, Client has Anxieties about riding the Bus)
- **Provides referrals to appropriate housing resources** (T1017)
- **Assists in the housing search process** (T1017) use as a skill building for ex. Client is organizing a list of homes and areas of stable living environment)



REIMBURSABLE SERVICES

- **Assists with preparing for interviews with Housing Authority, managers and property owners (e.g. mock interviews) (H2015 use as a skill building)**
- **Educates individuals about tenant rights and responsibilities (H2015 use as a skill building due to client's behavior/ impairments that cause them to have difficulty understanding rules and regulations)**
- **Ensures consumer is connected to on-going mental health supports (T1017--linkage)**
- **Liaison between landlord and consumer and mental health team (H0032 or if a collateral is involved then use 90887 advising them on how to assist the client, obtaining information from collaterals regarding the client mental illness)**
- **Liaison between client and manager to avert possible eviction (T1017)**



REIMBURSABLE SERVICES

- **Accepts housing assistance referrals from team members during Team Conference/Case Consultation (H0032)**—Make sure that the Housing Specialist has the impairments from the Team Member and that it is documented in the Assessment, CCCP—TX plan, and Progress Notes) **NOTE:** Make sure that there is a plan in place and it is documented in the Progress Note.
- **Referrals from interagency and intra-agency re: placement (T1017)**—how and where to find housing that is appropriate.
- **Keeps team informed of consumer progress in meeting housing goals (H0032)**—Make sure that the Housing Specialist is on the **intervention of the Team Member's goals** and that it is documented in the Assessment, CCCP—TX plan, and Progress Notes)



REIMBURSABLE SERVICES

- **Informs team of any observed or landlord/manager reported difficulties consumer is experiencing in the housing including the need for additional supports, crisis intervention or medication evaluation**
- **(H0032)—Make sure that the Housing Specialist has the impairments from the Team Member and that it is documented in the Assessment, CCCP—TX plan, and Progress Notes)**
- **Advocates for clients with landlords when tenant's rights have been violated. (T1017)**



COS---BILLING

- Provide education about mental health to reduce the stigma associated with mental illness.
- This code is used for: **NON-OPEN CASES.**
PLEASE CHECK YOUR CONTRACT WITH
YOUR SUPERVISOR, PROGRAM MANAGER,
OR DISTRICT CHIEF.
- **CODE: 200**
- Example: Educate consumers or community agencies/organizations about available housing resources and assistance for consumers with Mental Disorder.



Examples of Goals

To decrease Anxiety:

Identify strengths that can assist client to develop a plan to cope with anxiety-Client will attend social skills group therapy 1x a week for 6 months.

To manage stress and anxiety in client's living environment:

Client will learn money management skills to increase awareness of maintain stable housing—
Client will attend Money Management Group 2x a week for 6 months.



Examples of TCM Documentation

- Example: CM assisted client in completing the Section 8 application. Client is paranoid and states, “Too many pieces of paper to complete, I can’t do it.” Client would not be able to complete Section 8 paperwork without the assistance of CM.
- Example: CM researched for available and affordable housing for client via internet and also researched other resource guides. CM obtained information on several affordable apartments and contact information to give to client. CM will assist client to set up a pre-placement apartment visit.



NON-REIMBURSABLE SERVICES

- Identifies and develops housing resources.
- Assists in resolving legal history barriers (e.g. warrants, expungement)
- Gathers required documents such as identification, social security card, bank statements
- Determines and certifies eligibility for federal, state and locally funded housing programs by verifying income, assets and other financial data
- Assists with compiling and assessing eligibility information in compliance with housing regulations
- Advocates and negotiates for clients with poor credit and poor housing histories (i.e. evictions or lack of housing tenancy)
- Assists with move in










NON-REIMBURSABLE SERVICES

- Provides information and assistance to team members regarding the housing resources in the community including temporary, transitional and permanent housing
- Researches housing resources and develops community specific housing resource directory
- Liaison to Countywide Housing, Employment and Education Resource Development (CHEERD)
- Represents agency/program at Service Area and County-wide housing related meetings
- Averts possible evictions by maintaining professional relationships with property owners and managers and promptly addressing their concerns
- **DO NOT CLAIM FOR SUBSTITUTE PAYEE FUNCTION UNDER MONEY MANAGEMENT.**



PROGRESS NOTES

Minimum Requirements:

-  All clinical interventions must be included in the progress notes and must be consistent with the client's goals/desired results identified in the CCCP
-  Date (month/day/year) of service
-  Type (Meds, CI, TCM) or, for MHS, subtype (Ind, Gr, Col, etc) of service delivered
 -  For groups, the number of clients for which a claim will be submitted
-  Location of service
-  Signature of service provider
-  Full name, Professional License/Job title



PROGRESS NOTES

Points to Remember:

- Make sure you document the intervention.
- Make sure you have signatures, legible writing, functional impairments/ skill building activity related to the impairments and it is all documented in the Assessment, CCCP, and the Progress Notes.
- **Progress Notes need to be Clear and Concise**
- Make sure you document and identify interventions of other staff that are participating.
- Make sure you are billing the right billing code for the right services (example of services that are not billed correctly: documented TCM but claimed MHS)



Resources

- QA Resources can be found on-line at:
<http://dmh.lacounty.gov>
 - Under: “For Providers”
- For QA Manuals and training documents:
 - Click on: “Provider Manuals and Directories”
 - http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/prov_manuals
- For Clinical Forms:
 - Click on: “Clinical Forms”
 - http://dmh.lacounty.gov/wps/portal/dmh/clinical_tools/clinical_forms
- For Administrative Forms:
 - Click on: “Administrative Forms”
 - http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/admin_forms



QUESTIONS . . .



**THANK YOU FOR YOUR
PARTICIPATION!!!**



IS THE SERVICE CLAIMABLE?

“The aspect of the service that is documentable: the purpose of the activity”

Is the service claimable? Could a Mental Health Intervention have been provided?

If yes, what is the Procedure Code? What would need to be documented?

Column 1		Column 2		Column 3	
Activity	Procedure Code	Activity	Procedure Code	Activity	Procedure Code
Provide individual support		Be a mirror = let clients see themselves		Schedule appointments for caregiver with DPSS	
Talk about drug use		Attend quinceañeras/bar/bat mitzvahs		Encourage the client	
Help caregiver enroll with MediCal		Help find their spirituality		Discuss engaging in sexual activities	
Provide psychoeducation about ADHD to caregivers		Deliver meds		Help look for housing for the family	
Role play parenting techniques with caregiver		Talk about how to fit in at school		Go to the swimming pool with the client	
Take family out for fun		Be a part of client's lives		Teach family how to use the public transportation system	
Go over budgets with caregiver		Stop fights		Take family to appointments like the doctor or dentist	
Help clean client's room		Talk about school		Fill out forms or job applications for client and family.	
Celebrate holidays		Keep them company		Go to the movies (or other social activities) with client	
Hairdresser		Shoulder to cry on		Look for clients when they run away from home	
Fashion Coordinator		Play basketball with client		Find places to “hang out”	
Apply for college prep classes		Home visits		Socialization groups	
School – IEP participation		Shopping for school supplies		Teaching caregiver how to cook	
Test preparation like practice studying, test taking strategies		Celebrate graduations/successes		Visit client in juvenile hall/hospital	
Listening to caregiver vent about client		Go to juvenile court to advocate		Pro's & Con's list developer	

This activity was modeled after an activity Mental Health America of Los Angeles (MHA-LA) Workforce Development & Training created. MHA-LA asked their staff to list in their own word activities they do with clients. The list below includes responses from Los Angeles County DMH staff and MHA-LA staff. DMH thanks MHA-LA for their assistance and willingness to share the activity with DMH.

TOOLS WHEN WRITING A TREATMENT PLAN

SMART GOALS

- Specific: Clear and well defined
- Measurable / Quantifiable: Ability to measure when the objective has been achieved; how will you know if you have accomplished the objective
- Attainable: A realistic path to achievement
- Realistic: Reasonable for the client to achieve
- Time-bound: There is enough time to complete it within the 1 year timeframe
 - Staff may set a shorter timeframe
 - Must document timeframe if less than 1 year (especially for EBPs that have a specific timeframe)

Interventions

- How will staff contribute to achieving the changes
- Must identify type(s) of services (MHS, MSS, TCM, etc)
- Must identify the specific interventions, including the modality (individual therapy, group rehab, family therapy, etc) associated with the type of service
- Must identify proposed frequency of interventions (e.g. number of times per week)
- Plus, how many times client will attend Individual/Group Rehabilitation
(Ex: Client will attend Individual 1x a week)
(Ex. Client will attend Group Rehabilitation 2x a week)

Client and Family Participation

- How will the client and family contribute to achieving the behavioral change

Outcomes

- Outcomes when goals have been achieved, changed, or, at a minimum, every time the client plan has a scheduled review (Annual CCP)
- Should specifically reference the objective and where the client is now (i.e. use the measurements identified in the objective)

TOOLS WHEN WRITING A TREATMENT PLAN

Examples of ways to write Objectives:

- Decrease level of anxiety by making 1 calming statement to self daily instead of 0 statements
- Participate in 2 community-based activities per month from 0 to improve socialization and decrease isolation
- Maintain part time employment for 2 months
- Increase social skills as evidenced by engaging in 2 conversations per week from 0 conversations per week.
- Decrease anxiety in social situations from a level 8 anxiety to a level 4 anxiety
- Reduce auditory hallucinations from daily to less than twice per week
- Reduce depression to feeling depressed less than 50% of the day from 100% of the day
- Decrease panic attacks from daily to weekly
- Decrease PHQ 9 score from 18 to 5

Examples of ways NOT to write Objectives:

- Provide linkage and broker to community resources as requested by client
- Will consistently meet with psychiatrist and comply with taking medications
- Client will maintain medication compliance
- Client will request linkage to community services such as medical, financial, housing and treatment services as needed
- Client will reduce symptoms
- Client will reduce severity of symptoms

Examples of ways to write Interventions:

- Assist client with understanding and identifying appropriate social skills
- Identify recent maladaptive behaviors or situations in the client's life and discuss how substance use may contribute to mental health problems
- Identify effective communication techniques to enhance the ability to interact with others
- Discuss techniques of self-care and self-management
- Provide cognitive restructuring: assist with learning self-monitoring, identify negative thoughts that stimulate depression, evaluate for logical errors, generate rational alternatives
- Assist with learning thought stopping techniques to reduce negative self-verbalization that increases depression

Examples of ways NOT to write Interventions:

- Provide TCM as needed
- Rx (Prescription)
- Attend groups
- Comply with meds